

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-018600

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

317
FILED MAY 3 1963

500

1410

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY TROQUOIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) JEFFERSON BARRACKS		Length of stay in 1b 533 DAYS	c. CITY OR TOWN WATSEKA
c. FULL NAME OF (If NOT in hospital, give location) VETERANS ADMINISTRATION HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 423 N. 3RD STREET
3. NAME OF DECEASED (Type or print) First FRANK Middle HOWARD Last MILLIKEN		4. DATE OF DEATH Month APRIL Day 26 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-8-92
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHARMACIST		10b. KIND OF BUSINESS OR INDUSTRY PHARMACY	11. BIRTHPLACE (City and state or country) PANA, ILLINOIS
13a. FATHER'S NAME B.F. MILLIKEN		13b. MOTHER'S MAIDEN NAME ELIZABETH SHINEFIELD	14. NAME OF HUSBAND OR WIFE HERMENA MILLIKEN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) YES WW-I		16. SOCIAL SECURITY NO. XXXX-XX-XXXX	
17. INFORMANT Mrs. Hermena Milliken, 4834 Tremont,		Address Dallas, Texas	
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MASSIVE INFARCTION OF LEFT KIDNEY DUE TO (b) TOTAL LEFT RENAL ARTERY THROMBOSIS DUE TO (c) UPPER LUNG LUBES WITH EMPHYSEMA PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) FIBROCASEOUS TUBERCULOSIS OF			INTERVAL BETWEEN ONSET AND DEATH XXXXXX
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 9:00 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) VA		20f. CITY, TOWN, OR LOCATION VA HOSP. JEFF. BRKS. MO.	
21. I attended the deceased from 11-9-61 to 4-26-63 and last saw him/her on 4-26-63 Death occurred at 9:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 4-27-63	
22a. SIGNATURE Paul G. Tromsdorff		22b. ADDRESS M.D. VA HOSP. JEFF. BRKS. MO.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-30-1963	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) Jefferson Bks. Mo.
24. FUNERAL DIRECTOR C. Hoffmeister Mortuaries		25. DATE RECD. BY LOCAL REG. 4-29-63	
26. ADDRESS 7814 S. Broadway		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.	

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John L. Denney

Licensed Embalmer No.

4194

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.